



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E435237**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-01533
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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DATE OF COLLISION	06	19	2015	TIME (2400)	1318	COUNTY #	31	MILES	N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
SR 92	BLOCK NO.	1	MILE POST	2

DISTANCE	1	MILES	N	E	OF (REFERENCE OR CROSS STREET)	N MACHIAS RD
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254183516
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LAST NAME	SPRUIELL	FIRST NAME	RICHARD	MIDDLE INITIAL	D
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STREET NEW ADDRESS	PPO BOX 4
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CITY	LAKE STEVENS	ST	WA	ZIP	98238
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SPRUIRD515PS	STATE	WA	SEX	M	D.O.B.	10	10	1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	3	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	RIXTOY	STATE	WA	VIN#	3C8FY4BB41T679086
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	CHRY	MODEL	PT CR	STYLE	SD	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **RICHARD SPRUIELL PO BOX 4 LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	HARTFORD CASUALTY INSCO 55 PHT361014-030338
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 2068174172
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LAST NAME	MURRAY	FIRST NAME	STEVEN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	3422 ALYSON DR
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CITY	GRANITE FALLS	ST	WA	ZIP	982529351
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CDL	A	RESTRICTIONS	B, K	ENDORSEMENTS	T
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DRIVER'S LICENSE #	MURRASE428K8	STATE	WA	SEX	M	D.O.B.	05	28	1958
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	A30384F	STATE	WA	VIN#	1M2AD62C6XW007377
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TRAILER PLATE #	0373TE	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	MACK	MODEL	DUMP	STYLE	TM	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SHORELINE CO PO BOX 358 WOODINVILLE WA 98072**

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRAVELERS INDEMNITY CO OF CONNECTICUT BA0751P93014CNS
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E435237**

CASE #

15-01533

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #2 was westbound SR 92 approaching N Machias Rd. Unit #1 was westbound SR 92 in the merge lane, after making a left turn from N Machias Rd. Unit #1 failed to yield the right of way to Unit #2 as it merged into traffic from the merge lane. Unit #1 impacted with the side of the trailer Unit #2 was towing. It should be noted that Unit #2 is a Commercial Dump Truck towing a dump trailer, this has a very long tongue with a full size flashing amber light in the middle (was working at time of collision). Driver of Unit #2 says he tried to blow his horn and slow down to prevent the collision, but Unit #1 continued. Driver of Unit #2 says he was in the merge lane, but stated he attempted to yield the right of way. He stated he did not understand why the collision was his fault. Driver of Unit #1 was explained several times the rules of the road to include yielding to oncoming traffic while merging. It should also be noted that the merge lane disappears at the end of the merge and becomes a 2 way road only; this program software can not show this. Also a non involved truck was coming westbound into the area of the crash.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-19-15 05:22 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

6/19/2015 5:23:20 PM

BADGE OR ID # **095**

ORI #

WA0311900

TIME POLICE DISPATCHED

1:19 PM

TIME POLICE ARRIVED

1:28 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E435237**

CASE # **15-01533**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

2

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

#

AXLES **00**

GVWR

0

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

06-19-15 05:22 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID # **095**

ORI
#

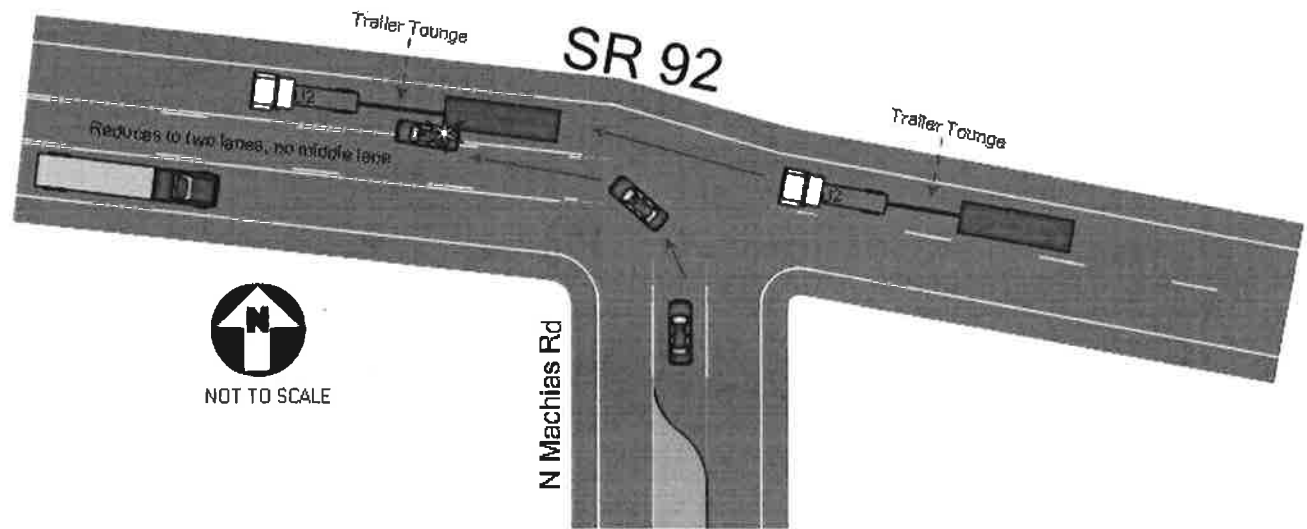
WA0311900

APPROVED BY
MINER

DATE
6/19/2015

PAGE **3**

OF **4**



Unit #2

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1533

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Muller, Travis E	RACE	ETH	SEX M	DOB 7/28/78	AGE 36	HGT 5'6"	WGT 160	HAIR Grey/Red	EYES
STREET ADDRESS 3422 Hwy 92 NW		CITY Crawford		STATE WA		ZIP 98522		RES. STATUS		
HOME PHONE 425 210 8051		CELL PHONE 206 817 4142		PLACE OF EMPLOYMENT Innovative Forest Woodville						
WORK PHONE 425 483 0600		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling west on Hwy 92. I was traveling 53 to 55 mph. posted speed limit of 60 mph. I was merging west in the center two lanes to merge with traffic. I approached the car hoping it would stop. The driver kept going. I slowed and moved to my right as far as the shoulder would allow. The car stayed right next to me. I sounded my horn many times and kept flashing the car stayed to even with my truck. I also had a trailer wondering where this car was going to go. I don't think he realized I had the trailer and finally merge to the right of the back of my truck. and then there was no where for him to go. I tried to slow with the car to keep the trailer from running over the top of his car. The front drivers side tire hit the right rear of his car. I moved right to let the car exit behind me. He would not go into or coming traffic. We stopped on Hwy 92, checked to see if he was okay he was okay and otherwise fine. We moved to a safe area next street to the right.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT		
SIGNATURE: 	DATE SIGNED 6/19/15	LOCATION SIGNED 127 NE
OFFICER NUMBER: Miner	DATE SIGNED 6/19/15	LOCATION SIGNED Lk Starns

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

151533

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SPRUIELL RICHARD DEAN	RACE C	ETH	SEX M	DOB 10-10-49	AGE 65	HGT 5'11"	WGT 195	HAIR Silver	EYES Blue
STREET ADDRESS Lake Connor Camp Resort #1903		CITY Lake Stevens		STATE WA		ZIP 98281		RES. STATUS		
HOME PHONE PO BOX 4 LAKE STEVENS		CELL PHONE 425 418 3516			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS Rick.Spruiell@yahoo.com								

I, Richard Spruiell, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

turned left onto Hwy 92 from Machine Rd. was in center lane as 3 vehicles passed me. Dump Truck was coming up ^{BEHIND} Right Lane as Center Lane & Right Lane was merging. Truck appeared to be going faster than I first anticipated so started braking to allow to pass me. Truck appeared to slow down as it stayed beside me instead of pulling ahead. Another Dump truck was coming to merge in front lane so I continued to brake and then BACK trailer of Dump truck on my Right hit me in Right Rear Quarter Panel. I was caught between both trucks so I did not survive to left to avoid trailer.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/16/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: minor	DATE SIGNED 6/19/15	LOCATION SIGNED LK Stevens

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PAGE 1 OF 1

EXCHANGE OF INFORMATION

OFFICER NAME: **ROBERT MINER #095**

COLLISION: **06/19/15 01:18 PM**

CASE#: **15-01533**

AGENCY: **LAKE STEVENS PD**

DISPATCH: **06/19/15 01:19 PM**

LOCATION: **SR 92**

NARRATIVE/ NOTES:

ARRIVAL: **06/19/15 01:28 PM**

AT N MACHIAS RD

UNIT 1:	MOTOR VEHICLE -	2001 PT CR PLATE: RIXTOY (WA)	TOWED BY:
DRIVER: RICHARD D SPRUIELL		VEH OWNER: RICHARD D SPRUIELL	
ADDRESS: PPO BOX 4 LAKE STEVENS, WA 98238		ADDRESS: PO BOX 4 LAKE STEVENS, WA 98258	
DL #: SPRUIRD515PS		STATE: WA	
PHONE: (425) 418-3516		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: HARTFORD CASUALTY INSCO		INSURED BY:	
POLICY #: 55 PHT361014-030338		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	1999 DUMP PLATE: A30384F (WA)	TOWED BY:
DRIVER: STEVEN E MURRAY		VEH OWNER: SHORELINE C CO	
ADDRESS: 3422 ALYSON DR GRANITE FALLS, WA 982529351		ADDRESS: PO BOX 358 WOODINVILLE, WA 98072	
DL #: MURRASE428K8		STATE: WA	
PHONE: (206) 817-4172		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: TRAVELERS INDEMNITY CO OF		INSURED BY:	
POLICY #: BA0751P93014CNS		POLICY #:	
UNIT 3:	MOTOR VEHICLE - No Driver	2001 STUR ASPHALT PLATE: 0373TE (WA)	TOWED BY:
NAME:		VEH OWNER: SHORELINE C CO	
ADDRESS:		ADDRESS: PO BOX 358 WOODINVILLE, WA 98072	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	